



## APPLICATION OF CERTIFICATE OF ACCEPTABILITY MOBILE/MANUFACTURED HOMES

Office of Housing, Buildings & Construction  
Manufactured Housing Section  
101 Sea Hero Road, Suite 100  
Frankfort, KY 40601-5405  
(502) 573-0382 Fax (502) 573-1004

The undersigned hereby makes application for a Certificate of Acceptability as a Manufacturer of Mobile/Manufactured Homes.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street Number or Route & Box Number

_____ (City)	_____ (State)	_____ (Zip)
_____ (Area Code & Phone #)	_____ (Fax #)	_____ (E-mail)

**A Certificate of General Liability Insurance with this office listed as the certificate holder (as listed on letterhead above) must be attached.**

**All licenses will expire on the birth month of the Primary Owner or the Date of Incorporation, whichever applies. Please use the prorated chart enclosed for your initial fee. Upon renewal, fee for this license will be \$500.00. NOTE: The prorated fee must accompany this application (see Payment Option Page enclosed)**

Incorporation Date: \_\_\_\_\_

List Corporate Officers

_____ Primary Owner's Name	_____ Title	_____ Social Security #	_____ Birth Date
_____ Name	_____ Title	_____ Social Security #	
_____ Name	_____ Title	_____ Social Security #	

**NOTE:**

List all manufacturing plants and locations (Name, City & State)

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**THIS SECTION MUST BE INITIALED:**

\_\_\_\_\_ (Initial) I am not in default of any student loans backed by the KHEAA (Kentucky Higher Education Assistance Authority). I understand that if I am in default of any student loans backed by KHEAA, I cannot receive a **Kentucky Manufacturers License** at this time.

\_\_\_\_\_ (Initial) I confirm that all information contained in and submitted with this application is current and true to the best of my knowledge.

The undersigned states that he/she is the applicant or the authorized signature of the application. That he/she has read the statements contained in this application, and that the same are true and correct. That statements made herein are made under full and complete knowledge or penalty or perjury and fraudulent or misleading statements may be grounds for suspension, revocation or denial of the certificate for which this application is submitted. Pursuant to KRS 227.550, he/she authorizes the Office of the State Fire Marshal to obtain sufficient financial information to establish our ability to comply with the requirements of the KRS 227.550-665. I hereby certify compliance with the applicable standards of KRS 227.550-227.660 and all the Regulations thereunder. I understand that I am required to submit a Unit Certification Format listing sales to licensed Kentucky dealers at the end of every month. A copy of the current installation manuals for single and multi wide manufactured/mobile homes must accompany this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date





**MONTHLY  
MANUFACTURER'S CERTIFICATION FORMAT**

**Office of Housing, Buildings & Construction  
Manufactured Housing Section  
101 Sea Hero Road Suite 100  
Frankfort, KY. 40601-5405  
((502) 573-1795 Fax. (502) 573-1004**

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**Name of Manufacturer**

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**Mailing Address**

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**City**

**State**

**Zip Code**

No.	SERIAL #	HUD label	Mfg date	MODEL	Retailer's Name & Address

This form must be used in reporting units to the Manufactured Housing Section of the State Fire Marshals Office monthly.

\_\_\_\_\_  
Signature of authorized person to certify these units

\_\_\_\_\_  
Date

